

## Illinois Institute of Technology

### Project Name ...

*Partners for Life*

### Principal Investigator ...

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### Background / Significance of Problem ...

Finding better ways to help patients with coronary artery disease make and sustain long-term behavioral change is essential to effective risk factor intervention and has become an increasing focus of scientific study. The American Heart Association has identified several important strategies to help patients reach and maintain behavioral change goals to reduce their cardiac risk including patient education, contracts, self-monitoring, tailoring interventions to individual needs, telephone follow-ups, and social support. The Partners for Life project incorporates these suggestions to encourage change and reduce the risk of further heart disease in patients diagnosed with coronary artery disease. Partners have been included in the behavioral change process in previous studies for weight loss, and a variety of other behavioral change programs including alcohol abuse, and smoking cessation. These studies and others suggest that a patient's ongoing, long-term relationship can influence a range of psychosocial variables related to health behaviors such as motivation for lifestyle change, maintenance of a medication program, or adherence to a treatment plan.

### Research Question ...

Based on the theoretical background from both the behavioral change and couples literature, and recommendations from the two literatures about the importance of including a partner into behavioral change program, Partners for Life was designed to determine if a couples intervention will enable participants to adhere to exercise, nutrition, and medication guidelines and sustain these changes long-term. In addition, it was designed to assess if participants in the couples group, compared with participants in the individuals group, would gain additional benefits including improved patient mood and relationship satisfaction.

### Findings To-Date ...

Preliminary results suggest that people are making changes as a result of our intervention, and for the nutritional variables where we were able to assess relapse during the follow-up period, these changes are being maintained or even continued. Additionally, the intervention is serving to reduce depressive symptoms in those beginning more depressed, and increase relationship satisfaction, into the non-distressed range, for those beginning at distressed levels. Of note, the nutritional changes that patients report are not being trans-

lated into weight loss or BMI change. Although these results are puzzling in their inconsistency, we believe the changes in diet are too small in magnitude to result in substantial, objectively measured change. Also, perhaps change is smallest in the diet/nutrition area compared to the other areas of interest because patients may believe that if they change their exercise and activity patterns, as well as adhere to their medications, they do not have to make substantial diet changes. Decreasing depression and increasing relationship satisfaction suggest that patients and partners are happy with the changes they have made to date, and it is better for their relationships. Finally, because we did not anticipate any significant differences by group to emerge at post-intervention due to the intensity of both interventions, our lack of group findings do not surprise us. What will be most interesting to us at a group level is if the groups diverge at later follow-up periods. Again, all findings must be considered preliminary due to enrollment continuing and analyses having insufficient power.

### *Implications ...*

#### *[ for multibehavioral and multi-theoretical approaches to behavior change ]*

Although both the behavioral change and couples literature stress the importance of theoretical constructs to inform clinical intervention, what has not been previously emphasized in the literature involving both couples and behavioral change is how those literatures can be combined in order to devise behavioral change programs relevant to work with couples coping with illness. For example, it is clear that Cognitive-Behavioral Couples Therapy, Self-Determination Theory, and the Transtheoretical Model of Behavior Change are all important to understanding behavioral change in couples. However, Partners for Life is the first project that has incorporated these three important theoretical constructs into one program in order to effect change across time. These preliminary findings suggest that using a multi-theoretically based intervention, including a partner, can have direct benefits on both patients and partners involved in long-term behavioral change programs especially in terms of distress and relationship satisfaction.

### *Future Research Directions ...*

Misunderstanding the additive implications of risk factors should be a focus of future investigations. It is becoming clear that participants do not consider all necessary behavior change as equally necessary for them. How they make the decisions as to what behaviors to change and sustain, versus what recommendations they do not attempt to change is important to understand. Additionally, it is necessary to study these couples across time to better understand change for the long-term. Because this project and others have demonstrated that change in behavior is possible during an intervention, and tends to drop off following an intervention, we believe the key to long-term success is long-term intervention. However, that intervention must be low cost and low-burden. Therefore, the design of a long-term intervention that is acceptable to both health care systems and their patients should be the focus of future work.